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CONFIRMATION NO. 9187

<b>SERIAL NUMBER</b> 10/677,718	<b>FILING OR 371(c) DATE</b> 10/02/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 929.001US2	
<b>APPLICANTS</b> Dean McCormack Peterson, Escondido, CA;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/567,966 05/10/2000 PAT 6,641,562 <i>BM</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/23/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> MARK A. LITMAN AND ASSOCIATES, P.A. YORK BUSINESS CENTER, SUITE 205 3209 WEST 76TH ST. EDINA, MN55435					
<b>TITLE</b> Apparatus and method of intravenous fluid infusion					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		